

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 130.00

Complete if Known

Application Number	10/526,285
Filing Date	03/02/2005
First Named Inventor	Dhamadhikari et al.
Examiner Name	Graffeo, Michael
Art Unit	1614
Attorney Docket No.	006420.00004

**RECEIVED
CENTRAL FAX CENTER****MAY 19 2005****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

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Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity Fee (\$)	Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____


- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Late Filing Fee

Fees Paid (\$)**\$130.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	32,168	Telephone	(312) 463-5000
Name (Print/Type)	Robert H. Resis	Date	05/19/2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the consolidated application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22319-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22319-1450.

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**BANNER & WITCOFF, LTD.**
INTELLECTUAL PROPERTY LAW10 SOUTH WACKER DRIVE, SUITE 3000
CHICAGO, ILLINOIS 60606TEL: 312.463.5000
FAX: 312.463.5001
www.bannerwitcoff.com**FACSIMILE TRANSMITTAL SHEET**

TO: MAIL STOP PCT	FROM: Robert H. Resis	RECEIVED CENTRAL FAX CENTER
COMPANY: USPTO	DATE: May 19, 2006	MAY 19 2006
FAX NO.: (571) 273-8300	TOTAL NO. OF PAGES: (including cover sheet) 6	
YOUR REFERENCE NO.: 10/526,285	OUR REFERENCE (C/M) NO.: 006420.00004	
RE:	In re: Appln. Of Dharmadhikari, et al. Appln. No. 10/526,285 For: Pharmaceutical Composition of Metaxalone with Enhanced Oral Bioavailability	

OFFICIAL FAX*If you do not receive all page(s) or have any problems receiving this transmission, please call:*

NAME: Alma Bahena	PHONE: 312-463-5565
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COMMENTS:

Submission of Missing Requirements

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/526,285	
	Filing Date	03/02/2005	
	First Named Inventor	Dharmadhikari, et al	
	Art Unit	1614	
	Examiner Name	Graffeo, Michael	
Total Number of Pages in This Submission	6	Attorney Docket Number	008420.00004

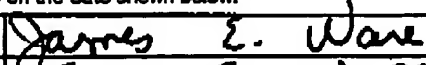
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Remarks Commissioner of Patents is hereby authorized to charge any additional fees or credit any overpayments to deposit account 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Robert H. Resis		
Date	May 19, 2006	Reg. No.	32,168

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			Date
Typed or printed name	James E. Ware		5-19-06

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